**INFORMATION TO ACCOMPANY AN INDIVIDUAL FUNDING REQUEST (IFR) FOR**

 **BREAST REDUCTION**

**The NHS does not routinely commission plastic surgery for cosmetic reasons, an NHS referral is inappropriate if the *p*atient falls within the normal morphological range.**

### PATIENT IDENTIFICATION DETAILS

|  |  |
| --- | --- |
| PATIENT’S NAME: | **<Patient Name>** |
| DATE OF BIRTH: | **<Date of birth>** | NHS NUMBER: | **<NHS number>** |
| ADDRESS: | **<Patient Address>** |
| REFERRING GP: | **<GP Name>, <Organisation Address>, <Organisation Details>** |

### ADDITIONAL INFORMATION

**\*\*Failure to complete this questionnaire in full may delay the IFR Panel’s decision\*\***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **WEIGHT:** | HEIGHT: | BMI MEASUREMENT : | CHEST SIZE: | CUP SIZE: |
| <Latest Weight> | <Latest Height> | <Latest BMI> |       |       |

Do you consider your patient to be overweight? [ ]  YES [ ]  NO

Has your patient been measured professionally? [ ]  YES [ ]  NO

#### **Do you consider your patient’s breast size proportionate to her body? [ ]  YES [ ]  NO**

Does your patient complain of any functional problems attributable to her breast size? **[ ]**  YES **[ ]**  NO

Has your patient been referred to physiotherapy? [ ]  YES [ ]  NO

If so, please include a copy of any reports.

Have any other treatments been tried or considered? [ ]  YES [ ]  NO

|  |
| --- |
| If YES please provide more details:      |

|  |
| --- |
| Please provide any other relevant information that you feel supports your request:       |

**GP Signature:** <Sender Name>  **Date:** <Today's date>

Please send to: **Individual Funding Request (IFR) Business Support**

**722 Prince of Wales Road, S9 4EU**

**or FAX to 0114 305 1370 (safe haven fax)**

**or EMAIL to** sheccg.sybifr@nhs.net **(safe haven email)**